

1. At what time did you turn on the home pump? (HR) \_\_\_/(MIN) \_\_\_

2. What time did you get home? (HR) \_\_\_/(MIN) \_\_\_

3a. WHERE WERE YOU DURING THE HOUR?		AFTERNOON/EVENING								
		3:00 to 4:00 pm	4:00 to 5:00 pm	5:00 to 6:00 pm	6:00 to 7:00 pm	7:00 to 8:00 pm	8:00 to 9:00 pm	9:00 to 10:00 pm	10:00 to 11:00 pm	11:00 to MIDNIGHT
INDOORS	HOME									
	RESTAURANT/BAR									
	GROCERY STORE									
	RETAIL STORE									
	OTHER INDOOR									
OUTSIDE	IN A VEHICLE									
	YARDWORK/GARDENING									
	OTHER OUTSIDE									
4a. NOTING THE HOUR, PUT A MARK IN THE BOX EACH TIME THAT... YOU PERSONALLY SMELL A LISTED ITEM, and/or ANYONE IN YOUR HOME USES A LISTED PRODUCT.										
BURNED CANDLES/INCENSE										
CLEANED/DUSTED - Rugs, Furniture, etc.										
COFFEE										
CONSTRUCTION/REMODELING										
COOKED DINNER/BREAKFAST										
METICS: Aftershave, Make-up, Perfume, etc.										
DEODORANT										
EXHAUST - AUTO/DIESEL										
FOOD/OTHER BEVERAGES										
HAIRSPRAY										
POWDER AIR OR CARPET FRESHENER										
POWDER PESTICIDES										
POWDERS, OTHER (TALC, COMET, etc.)										
VACUUMED										
Used the FIREPLACE (Circle what type:) COAL -1 GAS -2 WOOD -3 WOODSTOVE -4										
Used a HEATER (Circle what type:) KEROSENE -1 OIL -2										
Used a HUMIDIFIER/VAPORIZER										
5a. During EACH hour, PLEASE WRITE IN THE NUMBER of each of these items that were SMOKED NEAR YOU, (YOU saw or smelled).	CIGARETTES									
	PIPES OR CIGARS									

5. During what times did you hang the pump on a doorknob or chair in order to:

Bathe/Shower...from (HR) \_\_\_/(MIN) \_\_\_ to (HR) \_\_\_/(MIN) \_\_\_

b. Sleep .....from (HR) \_\_\_/(MIN) \_\_\_ to (HR) \_\_\_/(MIN) \_\_\_

3b. WHERE WERE YOU DURING THE HOUR?		EARLY/MID MORNING										
		MIDNT to 1:00 am	1:00 to 2:00 am	2:00 to 3:00 am	3:00 to 4:00 am	4:00 to 5:00 am	5:00 to 6:00 am	6:00 to 7:00 am	7:00 to 8:00 am	8:00 to 9:00 am	9:00 to 10:00 am	10:00 to 11:00 am
INDOORS	HOME											
	RESTAURANT/BAR											
	GROCERY STORE											
	RETAIL STORE											
	OTHER INDOOR											
OUTSIDE	IN A VEHICLE											
	YARDWORK/GARDENING											
	OTHER OUTSIDE											
4b. NOTING THE HOUR, PUT A MARK IN THE BOX EACH TIME THAT... YOU PERSONALLY SMELL A LISTED ITEM, and/or ANYONE IN YOUR HOME USES A LISTED PRODUCT.												
BURNED CANDLES/INCENSE												
CLEANED/DUSTED - Rugs, Furniture, etc.												
COFFEE												
CONSTRUCTION/REMODELING												
COOKED DINNER/BREAKFAST												
COSMETICS: Aftershave, Make-up, Perfume, etc.												
DEODORANT												
EXHAUST - AUTO/DIESEL												
F / OTHER BEVERAGES												
HAIRSPRAY												
POWDER AIR OR CARPET FRESHENER												
POWDER PESTICIDES												
POWDERS, OTHER (TALC, COMET, etc.)												
VACUUMED												
Used the FIREPLACE (Circle what type:) COAL -1 GAS -2 WOOD -3 WOODSTOVE -4												
Used a HEATER (Circle what type:) KEROSENE -1 OIL -2												
Used a HUMIDIFIER/VAPORIZER												
5b. During EACH hour, PLEASE WRITE IN THE NUMBER of each of these items that were SMOKED NEAR YOU. (YOU saw or smelled).	CIGARETTES											
	PIPES OR CIGARS											

7. If you turned off the pump for any reason (EX: going to the gym, etc.), record times here.

STOP \_\_\_\_\_ / \_\_\_\_\_ RESTART \_\_\_\_\_ / \_\_\_\_\_ (Reason) \_\_\_\_\_  
 (Hour) (Min.) (Hour) (Min.)

STOP \_\_\_\_\_ / \_\_\_\_\_ RESTART \_\_\_\_\_ / \_\_\_\_\_ (Reason) \_\_\_\_\_  
 (Hour) (Min.) (Hour) (Min.)

8. What time did you arrive at work and TURN OFF the pump? (HR) \_\_\_\_ / (MIN) \_\_\_\_

- REMEMBER TO COMPLETE YOUR YELLOW HOME PUMP SURVEY AND TO PLACE YOUR YELLOW HOME PUMP IN THE SPORTS BAG WITH ALL OTHER MATERIALS. BRING ALL MATERIALS TO THE FACILITY FOR YOUR SECOND VISIT NO LATER THAN 7:00 PM TONIGHT.

PM3006519311